



PATENT
Attorney Docket No. QUK-2

IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

Applicant(s): VOSBIKIAN et al.

Serial No.: 10/602,908

Filed: June 24, 2003

For: MOPS WITH ONE OR MORE
CLEANING MEMBERS

Group Art Unit: 3751

Examiner: Walczak, David, J.

) I hereby certify that this paper is
) being deposited with the United
) States Postal Service with
) sufficient postage as first class
) mail in an envelope addressed to:
) Commissioner for Patents, P.O.
) Box 1450, Alexandria, VA 22313-
) 1450 on this date:

) **April 12, 2006**

) 

) Timothy K. Klintworth
) Registration No.: 46,162
) Attorney for Applicant(s)

PETITION FOR EXTENSION OF TIME

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a response to the Office Action action pending in the above
application.

1. Small Entity Status

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established and is still effective.
- ☐ Has not been established.

2. Extension of Time

- ☒ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$120.00		\$60.00
Two Months		\$450.00		\$225.00
Three Months		\$1020.00		\$510.00
Four Months		\$1,590.00		\$795.00
Fifth Month		\$2,160.00		\$1,080.00

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$120.00

- ☐ An extension for month(s) has already been secured and the fee paid therefor of \$ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$120.00

3. **Fee for Claims**

- ☐ The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL		MINUS		=	x25=	\$0.00	x50=	\$0.00
INDEP.		MINUS		=	x100=	\$0.00	x200=	\$0.00
First Presentation of Multiple Dependent Claim					+180=	\$0.00	+360=	\$0.00
TOTAL ADDITIONAL FEE						\$0.00	OR	\$0.00

4. **Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$120.00
- ☐ Charge Deposit Account No. _____
in the amount of: \$ _____

A copy of this Transmittal is enclosed.

5. **Deposit Account and Refund Authorization**


The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 26-2126. A copy of this Transmittal is enclosed.

Please refund any overpayment to Wildman, Harrold, Allen & Dixon, LLP at the address below.

Respectfully submitted,

Wildman, Harrold, Allen & Dixon
USPTO Customer Number 26-689
225 W. Wacker Dr., Suite 2800
Chicago, Illinois 60606
(312) 201-2721

By:


Timothy K. Klirtworth
Registration No.: 46,162

April 12, 2006